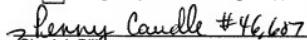


|  |                                  |                                |                              |          |                          |
|--|----------------------------------|--------------------------------|------------------------------|----------|--------------------------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>  |                                  |                                |                              |          | Docket No.<br>0054-0277P |
| Application No.<br>10/611,962-Conf. #3566  |                                  | Filing Date<br>July 3, 2003    | Examiner<br>G. A. Smarth     |          | Art Unit<br>2146         |
| Applicant(s): Hiroshi INOUE et al.   |                                  |                                |                              |          |                          |
| Invention: PRINT SERVICE SYSTEM  |                                  |                                |                              |          |                          |
| <b>MS Amendment</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b>   |                                  |                                |                              |          |                          |
| Transmitted herewith is an amendment in the above-identified application.  |                                  |                                |                              |          |                          |
| The fee has been calculated and is transmitted as shown below.   |                                  |                                |                              |          |                          |
| <b>CLAIMS AS AMENDED</b>   |                                  |                                |                              |          |                          |
| Total Claims   | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present  | Rate     |                          |
| Total Claims   | 11                               | - 40 =                         | 0                            | x 52.00  | 0.00                     |
| Independent Claims   | 4                                | - 11 =                         | 0                            | x 220.00 | 0.00                     |
| Multiple Dependent Claims (check if applicable) <input type="checkbox"/>   |                                  |                                |                              |          |                          |
| Other fee (please specify): _____  |                                  |                                |                              |          |                          |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00   |                                  |                                |                              |          |                          |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity   |                                  |                                |                              |          |                          |
| <input checked="" type="checkbox"/> No additional fee is required for this amendment.  |                                  |                                |                              |          |                          |
| <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.<br>A duplicate copy of this sheet is enclosed.   |                                  |                                |                              |          |                          |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.  |                                  |                                |                              |          |                          |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.  |                                  |                                |                              |          |                          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br>as described below. A duplicate copy of this sheet is enclosed. |                                  |                                |                              |          |                          |
| <input checked="" type="checkbox"/> Credit any overpayment.  |                                  |                                |                              |          |                          |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.   |                                  |                                |                              |          |                          |
| <br><u>Zach J. Billings</u><br>Attorney Reg. No.: 48,917  |                                  |                                | Dated: <u>August 3, 2009</u> |          |                          |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>8110 Gatehouse Road<br>Suite 100 East<br>P.O. Box 747<br>Falls Church, Virginia 22040-0747<br>(703) 205-8000   |                                  |                                |                              |          |                          |